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Atty Docket No. 022193-100310US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Leo Boris Chervinsky

Group Art Unit 2835

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Leo Boris Chervinsky

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Behl, Sunny, Application No. 09/775,881, filed February 2, 2001 for REMOVABLE MEMORY STORAGE DEVICE CARRIER HAVING A HEAT SINK are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

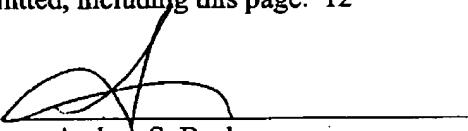
1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-8 Pages

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Andrea S. Beck

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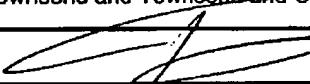
Total Number of Pages in This Submission

11

Application Number	09/775,881
Filing Date	February 2, 2001
First Named Inventor	Behl, Sunny
Art Unit	2835
Examiner Name	Leo Boris Chervinsky
Attorney Docket Number	022193-100310US

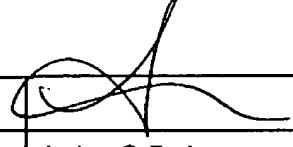
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Patrick R. Jewik		
Date	October 17, 2005	Reg. No.	40,456

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